

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH

INSPECTION REPORT
LAUNDRY AND DRY CLEANING

| | | | |
|-----------------------|-------|-------------------|-------------------------------------|
| INSPECTION | GRADE | Inspection Date | ESTABLISHMENT NAME |
| Regular | ✓ | 9/12/17 | PREMIER APARTMENTS LLC |
| Follow-Up | | Inspection Time | OWNER/OPERATOR |
| Complaint | | Hr. 50 Min. | PREMIER APARTMENTS LLC |
| Investigation | | Travel Time | LOCATION |
| Other (Specify below) | | Hr. 15 Min. | LOT 7021-1-1-1 RI NEW YIGO, GU |
| | | Sanitary Permit # | ESTABLISHMENT TYPE |
| | | 170002114 | PUBLIC LAUNDRY |
| | | | PERMIT CATEGORY STATUS (Circle One) |
| | | | Perm. /Temp. /Current /Expired |

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection, or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal, a written hearing request must be submitted before the indicated correction date.

A REGULAR INSPECTION WAS CONDUCTED:

THE FOLLOWING VIOLATIONS WERE OBSERVED.

- | | | |
|----|---|---|
| 3 | CEILING IN RESTROOM IN DISREPAIR WITH MOLD GROWTH OBSERVED. WALLS & CEILINGS SHALL BE KEPT IN GOOD REPAIR TO PREVENT CONTAMINATION FROM PHYSICAL HAZARDS. | 2 |
| 17 | LACK OF SELF-CLOSING DEVICE IN RESTROOM DOOR. A SELF-CLOSING DEVICE SHALL BE INSTALLED TO PREVENT PEST & VECTOR ACCESS. | 2 |
| 18 | NO HANDWASHING SIGN POSTED IN RESTROOM. A HANDWASHING NOTICE SHALL BE POSTED TO PROMOTE HANDWASH PRACTICES. | 2 |
| 20 | NO PAPER TOWEL PROVIDED FOR RESTROOM SINK. NO SOAP OR PAPER TOWELS PROVIDED FOR COMMON AREA SINK. LIQUID HANDSOAP & PAPER TOWELS SHALL BE PROVIDED FOR HANDWASH SINKS TO PROMOTE PROPER HANDWASH HYGIENE. | 4 |

PHOTOS TAKEN. PIC BRIEFED ON ABOVE. "A" PLACARD #0394 ISSUED.

I have read and understand the above violation(s) and I am aware of the corrective measure to be taken.

*When any of the following items are cited above they shall be corrected within ten days of this inspection:
(7), (8), (9), (10), (11), (12), (14), (15), (19), (20), (21), (24), (25), (27), (32), (33), (34), (35), and (37).

RECEIVED BY (Name and Title)

Frank Hadley
DEH INSPECTOR (Name and Title)

J. GARCIA EPMO